



#10 2844 3-3-03

FEB 2.4 2003

## Technology Center 2600

PTO/SB/30 (10-01)

Approved for use through 10/31/2002. OMB 0651-0031 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. REQUEST Application Number 09/294,137 Filing Date April 20, 1999 **FOR** First Named Inventor S. MAEDA et al. **CONTINUED EXAMINATION (RCE)** Art Unit 2621 TRANSMITTAL Address to: Examiner Name **B.** Werner missioner for Patents **Box RCE** Attorney Docket Number 500.37149X00 Washington, DC 20231 This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2. Submission required under 37 C.F.R. § 1.114 Previously submitted Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on December 16, 2002 (Any unentered amendment(s) referred to above will be entered). Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_ **Enclosed** Amendment/Reply Information Disclosure Statement (IDS) Affidavit(s)/Declaration(s) Miscellaneous Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required) Other Fees The RCE fee under 37 C.F.R. § 1.17 (e) is required by 37 C.F.R. § 1.114 when RCE is filed. The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 01-2135 RCE fee required under 37 C.F.R. § 1.17 (e) Extension of time fee (37 C.F.R. §§ 1.136 and 1.17) Other charge any shortage in fees or credit any overpayments Check in the amount of \$ \_\_\_\_\_ enclosed Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Registration No. (Attorney/Agent) Name (Print/Type) Signature Date February 19, 2003 CERTIFICATE OF MAILING OR TRANSMISSION I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below: Name (Print/Type) Signature Date

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## PATENT APPLICATION FEE DETERMINATION RECURE Effective November 10, 1998

09/094229

| CLAIMS AS FILED - PART I   | SMALL ENTITY                   | OTHER THAN                           |
|--|--------------------------------|--------------------------------------|
| (Column 1) (Column 2)  | TYPE                           | OR SMALL ENTITY                      |
| FOR NUMBER FILED NUMBER EXTRA  | 1 1012 144                     | RATE FEE                             |
| BASIC FEE  | 380.00                         | OR 760.00                            |
| TOTAL CLAIMS — # minus 20= *   | X\$ 9=                         | OR X\$18=                            |
| INDEPENDENT CLAIMS   | X39=                           | OR X78=                              |
| MULTIPLE DEPENDENT CLAIM PRESENT   | +130=                          | OR +260=                             |
| * If the difference in column 1 is less than zero, enter "0" in column   | 2 TOTAL                        | OR TOTAL 1200                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)   | mn 3) SMALL ENTITY             | OTHER THAN OR SMALL ENTITY           |
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| Independent Minus +++   =  | X39=                           | OR X78=                              |
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| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   | 4430=                          | OR +260=                             |
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| Ш Independent ∗ Minus *** =  | X39=                           | OR X78=                              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                                |                                      |
|  | +130=                          | OR +260=                             |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, etc. | nter "20." ADDIT FEE           | OR ADDIT: FEE                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, en  | ter "3."                       |                                      |